

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HOWARD, THOMAS
12704 E NUNN RD
ATHOL, ID 83801

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X****B. Received by (Printed Name)**

Thomas D Howard

☐ Agent
☐ Addressee**C. Date of Delivery****D. Is delivery address different from item 1?** ☒ YesIf YES, enter delivery address below: ☐ No**MAR 27 2013****DEPARTMENT OF
WATER RESOURCES****3. Service Type**

- | | |
|---|---|
| ☐ Certified Mail | ☐ Express Mail |
| ☐ Registered | ☐ Return Receipt for Merchandise |
| ☐ Insured Mail | ☐ C.O.D. |

4. Restricted Delivery? (Extra Fee)☐ Yes**2. Article Number**

(Transfer from service label) / / / / /

7012 1640 0001 3856 6266

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540